DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/26/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03			(X3) DATE SURVEY COMPLETED R 01/22/2016	
NAME OF PROVIDER OR SUPPLIER				STRE	EET ADDRESS, CITY, STATE, ZIP CODE	1 017	22/2010	
				1100	S CURRY PK			
GARDEN	VILLA - BLOOMINGTON			BLC	OOMINGTON, IN 47403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	INITIAL COMMENTS	3	{K 0	00}				
	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/02/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/22/16 Facility Number: 000007 Provider Number: 155019 AIM Number: 100275040 At this PSR survey, Garden Villa-Bloomington was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original portion of the facility which was surveyed using Chapter 19, Existing Health Care Occupancies and included everything except the Dining Room/Lounge area on Station 3 and the renovated Sunroom on Station 1. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, all areas open to the corridors, plus all resident sleeping rooms in Units 4, 5 and 6. There are battery operated smoke alarms in resident sleeping rooms 101 through 126, 201 through 216, and 301 through 339. The facility has a							
	time of this survey.	nad a census of 160 at the						
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATU	RE		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		155019	155019 B. WING			R 01/22/2016		
NAME OF PROVIDER OR SUPPLIER GARDEN VILLA - BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP COD 1100 S CURRY PK BLOOMINGTON, IN 47403)E	01/22/2010		
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{K 000}	were sprinklered and services were sprinkle exit vestibule.	e 1 ents have customary access all areas providing facility ered except the Station 2	{K 00)0}				
{K 000}	Code Recertification a	t (PSR) to the Life Safety and State Licensure Survey 5 was conducted by the nent of Health in	{K 00	10}				
	was found in complian Participation in Medic Subpart 483.70(a), Lit 2000 edition of the Na Association (NFPA) 1 and 410 IAC 16.2. The which was surveyed the Health Care Occupan Dining Room/Loungerenovated Sunroom of This one story facility Type V (111) construction.	5019 5040 Garden Villa-Bloomington nace with Requirements for are/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC) ne new portion of the facility using Chapter 18, New acies and included the area on Station 3 and the on Station 1.						
	with hard wired smok all areas open to the	e detectors in the corridors, corridors, plus all resident its 4, 5 and 6. There are						

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		155019	B. WING			R 01/22/2016	
NAME OF P	ROVIDER OR SUPPLIER	100010			STREET ADDRESS, CITY, STATE, ZIP CODE	J 017.	22/2016
					1100 S CURRY PK		
GARDEN '	VILLA - BLOOMINGTON				BLOOMINGTON, IN 47403		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION DATE
					DEFICIENCY)		
{K 000}	216, and 301 through capacity of 224 and h time of this survey. All areas where reside were sprinklered and services were sprinkle exit vestibule.		{K C	000]	DEFICIENCY)		